

**BOARD OF REGISTERED NURSING**

P O Box 944210, Sacramento, CA 94244-2100

TDD (916) 322-1700

Telephone (916) 322-3350

www.rn.ca.govRuth Ann Terry, MPH, RN
Executive Officer**GENERAL INFORMATION AND INSTRUCTIONS
FOR REINSTATEMENT OF A LAPSED LICENSE
8-YEAR RENEWAL**

To be eligible for reinstatement of your lapsed CA RN license, applicants must meet the following criteria:

- ♦ Have once held a **permanent** registered nursing license in California that has been lapsed for 8 years or longer.
- ♦ Presently hold a current and active registered nurse license in another state or U.S. Territory, which includes Guam, Virgin Islands, Puerto Rico, American Samoa, the Northern Mariana Islands, **OR** Canada.

ALL APPLICANTS MUST PROVIDE THE FOLLOWING:

- Submit the **APPROPRIATE FEE** of **\$122** in the form of a check or money order made payable to the Board of Registered Nursing in **U.S. CURRENCY** only. **DO NOT SEND CASH.**
- Completed **APPLICATION FOR REINSTATEMENT OF A LAPSED LICENSE (8-YEAR RENEWAL).**
- Proof of completion of 30 hours of BRN approved **CONTINUING EDUCATION** (taken within the last two years).
- A **PHOTOCOPY** of your current, active, RN license.
- Completed **VERIFICATION OF LICENSE** form **OR NURSIS LICENSE VERIFICATION REQUEST FORM** if your board of nursing participates in **Nursys**.
- **If applicable, documents and/or letters explaining prior convictions or disciplinary action and attesting to your rehabilitation as directed in Section II of the General Information and Instructions.**

Mailing Address:Board of Registered Nursing
P.O. Box 944210
Sacramento, CA 94244-2100**Street Address:**Board of Registered Nursing
400 R Street, Suite 4030
Sacramento, CA 95814-6239**Web Site:** www.rn.ca.gov

VERIFICATION OF LICENSE

There are two (2) methods available for obtaining license verification:

Method 1 –

The state board from which you are submitting proof of clear, current and active RN licensure must complete the enclosed **Verification of License** form. Be sure to include the processing fee that is required by that state.

OR

Method 2 –

If you are licensed as an RN in a state that is a member of the **Nursys** verification system, use the enclosed **Nursys License Verification Request Form**. To determine if your board of nursing participates in **Nursys**, please contact your board or visit the NCSBN web site at www.ncsbn.org. The **Nursys License Verification Request Form** also lists those states participating in **Nursys**.

No telephone verifications will be made. Official license verification must be received in writing from the other state board before this board can issue a license.

Applicants are required under law to report all misdemeanor and felony convictions. "Driving under the influence" convictions must be reported. Convictions must be reported even if they have been expunged under Penal Code 1203.4 or even if a court ordered diversion program has been completed under the Penal Code or under Article 5 of the Vehicle Code. Also, all disciplinary action against an applicant's registered nurse, practical nurse, vocational nurse or other professional license must be reported.

Failure to report prior convictions or disciplinary action is considered falsification of application and is grounds for denial of licensure or revocation of license.

When reporting prior convictions or disciplinary action, **applicants are required to provide a full written explanation of:** circumstances surrounding the arrest(s), conviction(s), and/or disciplinary action(s); the date of incident(s), conviction(s) or disciplinary action(s); specific violation(s) (cite section of law if convicted), court location or jurisdiction, sanctions or penalties imposed and completion dates. **Certified** copies of court documents or state board determinations/decisions should also be included.

Note: A certified copy of the arrest report may also be requested. Applicants must also submit a description of the rehabilitative changes in their life, which would enable them to avoid future occurrences.

To make a determination in these cases, the Board considers the nature and severity of the offense, additional subsequent acts, recency of acts or crimes, compliance with court sanctions, and evidence of rehabilitation.

The burden of proof lies with the applicant to demonstrate acceptable documented evidence of rehabilitation. Examples of rehabilitation evidence include, but are not be limited to:

- Recent, dated letter from applicant describing rehabilitative efforts or changes in life to prevent future problems.
- Letters of reference on official letterhead from employers, nursing instructors, health professionals, professional counselors, parole or probation officers, or other individuals in positions of authority who are knowledgeable about your rehabilitation efforts.
- Letters from recognized recovery programs and/or counselors attesting to current sobriety and length of time of sobriety, if there is a history of alcohol or drug abuse.
- Proof of community work, schooling, self-improvement efforts.
- Court-issued certificate of rehabilitation or evidence of expungement, proof of compliance with criminal probation or parole, and orders of the court.

REPORTING PRIOR CONVICTIONS OR DISCIPLINE AGAINST LICENSES – cont.

All of the above items should be mailed **directly** to the Board by the individual(s) or agency who is providing information about the applicant. Have these items sent to the Board of Registered Nursing, Licensing Unit, P.O. Box 944210, Sacramento, CA 94244-2100.

It is the responsibility of the applicant to provide sufficient rehabilitation evidence on a timely basis so that a licensing determination can be made.

An applicant is also required to immediately report, in writing, to the Board any conviction(s) or disciplinary action(s) which occur between the date the application was filed and the date that a California registered nursing license is issued. Failure to report this information is grounds for denial of licensure or revocation of license.

NOTE: The application must be completed and signed by the applicant under the penalty of perjury.

**BOARD OF REGISTERED NURSING**

P O Box 944210, Sacramento, CA 94244-2100
 TDD (916) 322-1700
 Telephone (916) 322-3350
 www.rn.ca.gov



Ruth Ann Terry, MPH, RN
 Executive Officer

APPLICATION FOR REINSTATEMENT OF A LAPSED LICENSE (8-YEAR RENEWAL)

PRINT OR TYPE

LAST NAME:		FIRST NAME:		MIDDLE NAME:	
ADDRESS: Number and Street				DATE OF BIRTH: (Month/Day/Year)	
City	State	Country	Postal/ZIP Code	SOCIAL SECURITY NUMBER:**	
TELEPHONE NUMBER: Home Alternate		E-MAIL ADDRESS:		STATE OR COUNTRY OF CURRENT, ACTIVE LICENSE:	
PREVIOUS NAMES: (Including Maiden)				YEAR GRADUATED NURSING SCHOOL:	
ORIGINAL STATE OF RN LICENSURE: State: Year Issued:		CA RN LICENSE NO:		YEARS OF LICENSURE: From: To:	
ADVANCED PRACTICE CERTIFICATION: (If applicable) Type: No:		Have you ever had disciplinary proceedings against any license as a RN or any health-care related license including revocation, suspension, probation, voluntary surrender, or any other proceeding in any state or country? If yes, please provide a detailed written explanation, including the date and state where the discipline occurred.			
Have you ever been convicted of any offense other than minor traffic violations? If yes, explain fully as described in the applicant instructions. Convictions must be reported even if they have been expunged under Penal Code Section 1203.4 or if a diversion program has been completed under the Penal Code or Article 5 of the Vehicle Code. Traffic violations involving driving under the influence, injury to persons or providing false information must be reported. The definition of conviction includes convictions of following a plea of nolo contendere (no contest), as well as pleas or verdicts of guilty. <u>YOU MUST INCLUDE MISDEMEANOR AS WELL AS FELONY CONVICTIONS.</u>				<div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div>	

**** SOCIAL SECURITY NUMBER DISCLOSURE STATEMENT**

Disclosure of your social security number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA (c)(2)(C)) authorizes collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes and for purposes of compliance with any judgment or order for family support in accordance with section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security number, your application for initial or renewal license will not be processed and you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

I certify, under penalty of perjury under the laws of the State of California, that all information provided in connection with this application for licensure is true, correct and complete. Providing false information or omitting required information is grounds for denial of licensure or license revocation in California.

SIGNATURE OF APPLICANT

DATE

List your continuing education information below to qualify for active status. Be sure to submit this completed form with your application.

COMPLETION DATE	PROVIDER NO.	COURSE NAME	CONTACT HOURS
NOTE: You are required to maintain continuing education records for 4 years. TOTAL			

**BOARD OF REGISTERED NURSING**

P.O BOX 944210, SACRAMENTO, CA 94244-2100
 TDD (916) 322-1700
 TELEPHONE (916) 322-3350
 www.rn.ca.gov

**VERIFICATION OF LICENSE**

Send this form to the State Board of Nursing where you have a current and active license. The board of nursing may require a processing fee.
 If you are licensed in a state that is a member of the Nursys verification system, use the enclosed Nursys License Verification Request Form.
 (The form lists states participating in Nursys.)

Name: <i>(Last, First, Middle)</i>		Previous Names: <i>(Including Maiden)</i>	
Current Street Address of Record:	City:	State:	Zip Code:
Name as it Appeared on Original License: <i>(Last, First, Middle)</i>		Date of Birth: <i>(Month/Day/Year)</i>	Social Security Number:
State of Current Licensure:	Issue Date of Current License:	Current License Number:	
State of Original Licensure:	Issue Date of Original License:	Original License Number:	
I hereby authorize all identified Boards of Nursing to release my licensure data to the California Board of Registered Nursing.			
Signature: _____		Date: _____	

This is to certify that this applicant was issued a license number to practice as a registered nurse:			
Applicant Name: _____		Date Issued: _____	
License Number: _____		Expiration Date: _____	
Licensed by:	<input type="checkbox"/> Endorsement	<input type="checkbox"/> Examination	<input type="checkbox"/> Waiver
Current Licensure Status:	<input type="checkbox"/> Active	<input type="checkbox"/> Inactive	<input type="checkbox"/> Lapsed
Has license ever been REVOKED, SUSPENDED, placed on PROBATION, or DISCIPLINED in any way? If yes, please attach certified documents.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Reinstated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Date Reinstated: _____	
Is there any PENDING disciplinary action or pending investigation against this licensee? If yes, please attach information.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of Professional Nursing Program:	Approved by State? <input type="checkbox"/> Yes <input type="checkbox"/> No	Graduated from: <input type="checkbox"/> High School <input type="checkbox"/> H.S. Equivalency <input type="checkbox"/> 10th Grade	
Location: <i>(City, State/Country)</i>	Graduation Date:	Type of Nursing Program <input type="checkbox"/> ADN <input type="checkbox"/> DIP <input type="checkbox"/> BSN <input type="checkbox"/> MSN <input type="checkbox"/> Other	
Examination Passed: <input type="checkbox"/> NCLEX-RN <input type="checkbox"/> SBTPE <input type="checkbox"/> Canadian Five-Part			
Taken in English? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Scores: SBTPE/Canadian Medical Surgical Obstetric Pediatric Psychiatric			Series or Exam Date:
NCLEX-RN _____			

Signature: _____ **Title:** _____

Board of Nursing: _____ **Date:** _____

[BOARD SEAL]

LICENSE VERIFICATION REQUEST FORM

***** NEW ***** Want to process your verification faster? Try our new secure Online Verification to process your verification immediately. Go to <https://www.nursys.com>

Please use blue or black ink.

See reverse side for form eligibility and instructions.



PERSONAL INFORMATION

Social Security Number:		Date of Birth: (mm/dd/yyyy)	
First Name:	Middle Name:	Last Name:	
Maiden Name:	Date of Original License (mm/yyyy)		
Street Address:			
City:	State:	Zip/Postal Code:	
Country:	Home Phone:	Work Phone:	

ENDORSEMENT INFORMATION *List the license types that you need verified*

License Type (check one)	Total Verification Fee
LPN: <input type="checkbox"/>	\$30.00
RN: <input type="checkbox"/>	\$30.00
Both LPN & RN: <input type="checkbox"/>	\$60.00

Fees are not refundable

The only acceptable forms of payment are
CERTIFIED CHECK, CASHIER'S CHECK,
or **MONEY ORDER.**

Made payable to: National Council
DO NOT SEND cash, personal checks, business checks, or travelers checks.

LICENSE INFORMATION *List all licenses that you have ever held*

Jurisdiction/State	RN License Number	PN License Number
Original _____	_____	_____
Additional _____	_____	_____
Additional _____	_____	_____
Additional _____	_____	_____

States applying to: _____

I, the above named individual, hereby apply for verification to the National Council of State Boards of Nursing to permit the National Council and/or its Member Boards to verify my licensure, educational, disciplinary, and related information in Nursys® for the purposes of supporting my request for endorsement verification in the jurisdiction(s) listed above and any other states in which I have ever been licensed. I also confirm that the information I have submitted is true.

My application fee of \$_____ in **guaranteed funds** is attached.

Mail this form to:

National Council of State Boards of Nursing, Inc.
35331 Eagle Way
Chicago, IL 60678-1353
DO NOT SEND THIS FORM TO YOUR BOARD OF NURSING

Signature _____

Date _____

FORM INSTRUCTIONS

1. Only boards of nursing within the United States have access to Nursys®. If you need verification of a license for a foreign country or to an agency other than a state board of nursing, please contact your state board of nursing.
2. You **MUST CONTACT** the state where you are seeking licensure to determine which state(s) they require verification from, as boards of nursing have different requirements.

If you do not need verification of a license from one of the states listed below, **DO NOT** complete this form. Instead, follow the verification instructions of the state where you are seeking licensure. Complete this form **ONLY** if the state where you are seeking licensure requires verification from one of the states listed below.

Arizona (AZ)	Indiana (IN)	Montana (MT)	South Dakota (SD)
Arkansas (AR)	Maine (ME)	Nebraska (NE)	Tennessee (TN)
Colorado (CO)	Maryland (MD)	New Mexico (NM)	Texas RN (TX-RN)
Delaware (DE)	Massachusetts (MA)	North Carolina (NC)	Texas VN (TX-VN)
Florida (FL)	Minnesota (MN)	North Dakota (ND)	Utah (UT)
Idaho (ID)	Mississippi (MS)	Ohio (OH)	Vermont (VT)
Iowa (IA)	Missouri (MO)	Oregon (OR)	Wisconsin (WI)

3. Please complete all sections of this form. Forms with missing information or incorrect payments will be returned. **SEND ONLY THIS FORM AND PAYMENT. ALL OTHER FORMS ARE UNACCEPTABLE.**
4. **PAYMENT:** To verify RN licenses, the total fee is \$30, regardless of how many states you are licensed in or how many states you are applying to. To verify LPN licenses, the total fee is \$30, regardless of how many states you are licensed in or how many states you are applying to. To verify both RN and LPN licenses, the total fee is \$60, regardless of how many states you are licensed in or how many states you are applying to.

All payments must be in guaranteed funds. **The only acceptable forms of payment are: certified checks, cashiers checks, or money orders** – made payable to the **National Council**. DO NOT SEND cash, personal checks, business checks, credit cards, or traveler's checks. **Fees are non-refundable.**
5. Please complete this form in blue or black ink. Print or type clearly. Illegible forms will be returned.
6. Verifications are entered into Nursys® in the order in which they are received at the National Council. **The verification report will remain in Nursys® for 90 days, after which it expires.** When the Board of Nursing receives your Endorsement Application, the board will access Nursys® to verify any licenses held in the states listed in number 2 above. No paper reports are sent from the National Council.
7. **EXPIRED REPORTS:** If your verification has expired, you must pay an additional \$30 and submit a new verification request form to the National Council.
8. Nursys® information is updated monthly from the participating nursing boards listed in number 2 above. A nurse who recently received a license may have to wait until the next monthly update before the information is available in Nursys® for license verification.
9. If you have questions regarding this form, please contact the Nursys® License Verification Department at (312) 525-3780 or toll free (866) 819-1700.

***** NEW ***** Want to process your verification faster? Try our new secure Online Verification to process your verification immediately. Go to <https://www.nursys.com>

**BOARD OF REGISTERED NURSING**

P O Box 944210, Sacramento, CA 94244-2100
TDD (916) 322-1700
Telephone (916) 322-3350
www.rn.ca.gov



Ruth Ann Terry, MPH, RN
Executive Officer

LICENSE INFORMATION

FIRST CALIFORNIA LICENSE:

Your first California license is issued for two birthdays--NOT **two** years--and expires the last day of the month following your birth date. From that date on, it will expire every two years, if renewed timely.

CALIFORNIA LICENSURE:

Once a California license number is issued, it will always remain the same number whether active, inactive or delinquent. If the license lapses and later the licensee wishes to renew, the same license number and renewal cycle will apply. EXAMPLE: If the license expired 8/31/96 and the licensee asked to renew in January 1998, the delinquent fee and proof of 30 contact hours of continuing education taken within the last two years would be required. The license would then expire 8/31/98 and another 30 hours of continuing education would be needed at that time. A licensee cannot practice in California with an expired license.

INACTIVE STATUS:

"Inactive status" means that the RN has paid the renewal fee, but has not completed the continuing education requirement. A licensee **cannot** practice in California with an inactive license. To change to an active status, the licensee must submit proof of 30 contact hours of continuing education taken within the past two years. NOTE: This does not extend the expiration date. The same expiration date will apply and another 30 hours of continuing education will be needed at the time of renewal.

LAPSED LICENSE:

A late renewal fee and proof of 30 contact hours of continuing education are required in order to renew a lapsed license if the active license is desired. If a license remains lapsed for more than 8 years the licensee will be required to retake and pass the licensing examination to be reinstated.

RENEWAL APPLICATIONS:

Applications are mailed out approximately three months prior to the expiration date of the license. If it is not received two months before the expiration date, please contact the Board. To insure receipt of renewal applications, **always** keep the Board informed of any address change. Registered nurses are responsible for renewing their licenses even if they do not receive a renewal notice.

NAME/ADDRESS CHANGES:

The law requires that RN's notify the Board within 30 days of any name or address changes. Address changes may be given to the Board over the telephone or in writing. **NAME CHANGES MUST** be submitted in writing, listing the old name, new name, birth date, social security number and RN license number.

CONTINUING EDUCATION FOR LICENSE RENEWAL

Mandatory continuing education for license renewal has been in effect in California since July 1, 1978. Proof of 30 contact hours of continuing education hours is required for every renewal for an active license **except** for first time renewal by RNs who obtained their initial license by passing the national licensing within the past two years.

Courses must have been taken within the two years prior to the renewal date on your license and must meet the Board's requirements. Course content must be relevant to the practice of nursing and must be:

- related to the scientific knowledge and/or technical skills required for the practice of nursing, **or**
- related to direct and/or indirect patient/client care.
- at a level above that required for licensure.

In addition to classroom/academic courses, RNs may take courses offered by approved providers (including independent/home study) in the areas of administration, management, education, research, and other functional areas of nursing relating to direct/indirect patient/client care. Examples of acceptable providers include those approved by the California Board of Registered Nursing (a *provider number* is listed on their advertising), other California health professions licensing boards, and some interdisciplinary professional associations.

Courses taken out-of-state may be approved by registered nurse licensing agencies of other states, state nurses' associations, as well as offerings by nationally recognized health associations or their regional subdivisions. CME Category 1 courses meet BRN requirements.

Registered nurses are strongly encouraged to remain informed about current issues in nursing including:

- Prevention, detection and treatment of communicable diseases such as hepatitis, AIDS, tuberculosis, etc.
- Detection and treatment of abuse such as child, elder, dependent adult, spouse/partner.

ACLS (Advanced Cardiac Life Support) can be used only once during a two year cycle for renewal purposes. Courses that deal with self-improvement, changes in attitude, financial gain, CPR, BLS(Basic Life Support) or are designed for lay people are **not** acceptable.

For information concerning courses offered by approved providers of continuing education, contact your local colleges, universities, hospitals, and nursing organizations.

ABUSE REPORTING REQUIREMENTS

CHILD ABUSE:

Section 11166 of the Penal Code **REQUIRES** that any child care custodian, health practitioner, or employee of a child protective agency who has knowledge of or observes a child (in his or her professional capacity or within the scope of his or her employment) whom he or she knows or reasonably suspects has been the victim of child abuse **must** report the known or suspected instance of child abuse to a child protective agency immediately or as soon as practically possible by telephone and to prepare and send a written report thereof within 36 hours of receiving the information about the incident.

ELDER AND DEPENDENT ADULT ABUSE:

Section 15630 of the Welfare and Institutions Code **REQUIRES** that care custodians, health practitioners, employees of adult protective services agencies, or local law enforcement agencies who (in their professional capacity or within the scope of their employment) observe evidence of or have been told by an elder or dependent adult that he or she is a victim of physical abuse **must** report this to county adult protective services or a local law enforcement agency immediately, or as soon as possible, by telephone with a written report submitted within two working days. For persons in long term care facilities, the observed physical abuse or client described abuse should be reported to the long-term care ombudsman coordinator or local law enforcement agency. State law **PERMITS** reporting of other types of abuse such as neglect, intimidation, fiduciary abuse, abandonment, isolation, or other treatment that results in physical harm, pain, or mental suffering when the reporter has knowledge of or reasonably suspects one or more of these types of abuse have occurred. Elders are defined as persons 65 years or older and dependent adults are defined as persons between the ages of 18 and 64 whose physical or mental limitations restrict their ability to care for themselves.

GENERAL ABUSE

Section 11160 of the Penal Code **REQUIRES** health practitioners who, in their professional capacity or within their scope employment, provide medical services for a physical condition to a patient whom they know or reasonably suspect has an injury that is the result of assaultive or abusive conduct to report this to a local law enforcement agency immediately or as soon as practically possible. A written report to the law enforcement agency is due within two working days. This statute is extremely broad. It includes **adults, children and other persons (including spouses)**.

"Health practitioner" includes physicians and surgeons, psychiatrists, psychologists, dentists, residents, interns, podiatrists, chiropractors, **licensed nurses**, dental hygienists, optometrists, or any person who is licensed under Division 2 (commencing with Section 500) of the Business and Professions Code, as well as additional practitioners as defined in Section 11166 of the Penal Code or Section 15632 of the Welfare and Institutions Code.

Failure to comply with these laws is a misdemeanor, punishable by up to six months in jail or by a fine of one thousand dollars (\$1,000) or by both, as well as unprofessional conduct and can result in disciplinary action against the RN's license.